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FILED

Apr 22 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003002 (1)

1. Corporation Name

CORNERSTONE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1834 SOULE ROAD
CLEARWATER FL 34619
US

1834 SOULE ROAD
CLEARWATER FL 34619
US

3. Date Incorporated or Qualified

06/22/1995

4. FEI Number

59-3359512

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5712 147th Ave. No.

26 P.O. Box 17424

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Zip

24 33760

29 33760

25 Pinellas

30 Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BABCOCK, CHARLES I III
1834 SOULE ROAD
CLEARWATER FL 34619

81 Name

William Klepacki

82 Street Address (P.O. Box Number is Not Acceptable)

5712 147th Ave. No.

83

84

Clearwater

FL

85 Zip Code

33760

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE William Klepacki

(NOTE: Registered Agent signature required when reinstating)

4-11-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BABCOCK, CHARLES I III
STREET ADDRESS 1834 SOULE ROAD
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

1.1 TITLE D
1.2 NAME William Klepacki
1.3 STREET ADDRESS 5712 147th Ave No
1.4 CITY-ST-ZIP CLEARWATER, FL 33760

☐ Change

☒ Addition

TITLE D
NAME BASS, ROBERT E
STREET ADDRESS 1834 SOULE ROAD
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

2.1 TITLE D
2.2 NAME Clarence De Boer
2.3 STREET ADDRESS 5785 147th Ave No.
2.4 CITY-ST-ZIP CLEARWATER, FL 33760

☐ Change

☒ Addition

TITLE D
NAME BASS, CHRISTINE M
STREET ADDRESS 1834 SOULE ROAD
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

3.1 TITLE D
3.2 NAME DANA BERISLAVICH
3.3 STREET ADDRESS 5748 147th Ave. No.
3.4 CITY-ST-ZIP CLEARWATER, FL 33760

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Klepacki

4-11-98

913-533-9026

CR2E037 (10/97)